

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015601

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

128  
FILED APR 22 1963

200

524B

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
Length of stay in 1b <b>30 MIN.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HANDLEY MEMORIAL HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>2058 N. COLUMBIA</b>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>ARTHUR</b> Last <b>ALBERT</b>		4. DATE OF DEATH Month <b>APRIL</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/7/63</b>
9. AGE (last birthday) Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>30</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	
11. BIRTHPLACE (City and state or country) <b>SPRINGFIELD, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>GEORGE RAY ALBERT</b>		13b. MOTHER'S MAIDEN NAME <b>BETTY KAY SWAN</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT <b>GEORGE RAY ALBERT; 2058 N. COLUMBIA</b>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prolapsed Cord</b> <b>Breech Birth</b> <b>Prematurity</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cervix tightly around neck</b> DUE TO (c) <b>Prematurity</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Cervix tightly around neck</b>		20c. TIME OF INJURY Hour <b>4-7-63</b> Month, Day, Year <b>4-7-63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>SPRINGFIELD, MISSOURI</b>	
20f. CITY, TOWN, OR LOCATION <b>SPRINGFIELD, MISSOURI</b>		20g. COUNTY <b>SPRINGFIELD, MISSOURI</b>	
20h. STATE <b>SPRINGFIELD, MISSOURI</b>		20i. DATE SIGNED <b>4-7-63</b>	
21. I attended the deceased from <b>4-7-63</b> to <b>4-7-63</b> and last saw her alive on <b>4-7-63</b> Death occurred at <b>7:19 PM 4-7-63</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In ink or title) <b>David R. Holmes MD</b>	
22b. ADDRESS <b>SPRINGFIELD, MISSOURI</b>		22c. DATE SIGNED <b>4-7-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4/9/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>BROOKLINE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>BROOKLINE, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>AYRE-GOODWIN</b>		25. DATE RECD. BY LOCAL REG. <b>4-17-63</b>	
26. REGISTRAR'S SIGNATURE <b>Effie S. Meelen</b>		27. REGISTRAR'S SIGNATURE <b>Effie S. Meelen</b>	

(Licensed Embalmer's Statement on Reverse Side)

permet 4-8-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Robert H. Hasselbeck*  
Licensed Embalmer No. 5156

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.